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CARING FOR THE PATIENT'S FLOWERS

By CORA McCABE SARGENT, R.N.

Towson, Maryland

While it is hardly justifiable to claim that a nurse must include in her professional repertoire a knowledge of botany, yet it is only fair to demand that she should at least possess a certain amount in order that she may intelligently care for the plants and cut flowers which thoughtful friends send her patients, this from the standpoint of promoting the pleasure of the patient as well as paying a graceful attention to the sender. Very few of us but have had the disconcerting experience of finding the flowers which we have visioned as gratifying the eye of a sick friend, and radiating cheerfulness, hanging their heads in mute appeal for attention, all because the nurse is indifferent or, which is hardly less culpable and just as inexcusable, the art of preserving their pristine freshness is to her a sealed book. Again, how often is the eye of the patient tormented by the arrangement or, rather, the lack of arrangement, of flowers; the nurse displaying no sense of discernment as to color harmony or the habits of plant life. For example, a floral offering made up of quite a variety of seasonable flowers was recently sent to a hospital patient, with a view to carrying into the sick room a glimpse of the luxuriance of Nature's garden, rather than just one portion of it. The sender, upon paying a personal visit the next day was rightfully indignant to discover that all the flowers, regardless of kind, color, short stems or long, had been bunched and literally stuffed into one receptacle, the short stemmed ones nearly submerged in the water, while those having long stems were hanging limply over the sides of the vase.

It is a popular error to believe that flowers should be transferred directly from the garden to the packing box. The truth of the matter is, that this is the surest way to insure their becoming limp. In proof of this, note how quickly a flower droops that, though freshly cut, is carried in the hand for even a very short time. On the other hand, if the flowers are put in deep water for several hours, or until the stems have absorbed sufficient water to replace the sap lost in the separation from the parent stem, they become as fresh as before cutting. In this is also found the explanation as to why cutting a portion from the stem end each day tends to keep them fresh, new pores ready to "drink" being thus opened. Otherwise, the stems become water-soaked.

The first thing to do in unpacking a box of flowers is to lift them out with the greatest care, as the slightest bruise will often blight a cut flower. Then take each flower separately and stand in cold water so deep that only the bloom will appear above the surface. When this has been done, carry the flowers, still in the deep water, to a cold room or, better still, stand them in an ice chest, and let stay for an hour in order to allow them to "find" themselves. Rest assured if they have come from a florist who knows his business they were given the "water treatment" before they were packed. At the end of an hour, unless they have been bruised in transit, it will be found that the stems have stiffened and all tendency towards withering has disappeared. If this is not the case, add a few drops of aromatic spirits of ammonia to the water. This seldom, if ever, fails to revive a flower that is not wholly past doing anything with.

Then comes the transferring of the flowers to the receptacle in which they are to be carried into the sick room. It is here that the nurse's real knowledge and artistic sense of arrangement are put to the test. She should appreciate that plants, like people, have certain habits of living which are essential to their well being. For example, flowers of stiff, upright growth should be put into a vase or other receptacle sufficiently tall to humor this habit and which contain enough water to prevent the long stems from becoming thirsty. Low bowls and baskets are for short-stemmed flowers, only, and those which have a natural tendency to droop. It is adding insult to injury to cut the stems of the long-stemmed varieties in order to use low receptacles. Again, it must be remembered that the artistic effect is sacrificed when flowers are crowded. The Japanese are past masters in this line. Note their floral decorative work. Invariably one or two choice flowers will be the *motif*, never a mass. Still again, the vase, bowl, or whatever is used must be the foil for the flowers. For this reason neutral colors should be chosen.

The nurse should never allow flowers to remain over night in the sick room. Instead she should carry them to a cool, well-ventilated place. They must not, however, be exposed to a direct current of air or they will wither. To insure against any possible draughts, cover them with oiled paper which is impervious.

The foregoing suggestions may appear very trivial; but they are most surely worth while and will, if followed, bring rich returns in the way of pleasure to the patient, which the nurse must agree is a part of her duty and should be considered in the light of a privilege as well.